

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS395AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOSEPH GROUP CARE 7</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1748 MINER WAY LAS VEGAS, NV 89104</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/9/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents, and/ or person with mental illnesses. The census at the time of the survey was six. Six resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 444 SS=C	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on record review on 9/9/08, the facility did not ensure smoke detectors were tested 6 out of the past 12 months.  Findings include:  The smoke detector testing log revealed that facility smoke detectors were not checked during the months of March 2008, April 2008, May 2008, June 2008, July 2008 and August 2008.  Severity: 1 Scope: 3	Y 444		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 859 SS=F	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/9/08, the facility did not obtain the results of an annual physical examination of a resident by their physician for 3 of 6 residents residing in the facility for longer than a year.</p> <p>Findings include:</p> <p>Resident #2 - Date of admission was 7/13/06. The residents's file did not contain the results of an annual physical examination of the resident by a physician for 2007.</p> <p>Resident #5 - Date of admission was 4/1/04. The residents's file did not contain the results of an annual physical examination of the resident by a physician for 2008.</p> <p>Resident #6 - Date of admission was 11/18/00. The residents's file did not contain the results of an annual physical examination of the resident by a physician for 2007.</p>	Y 859		

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Y 859	Continued From page 2	Y 859		
Y 870 SS=C	<p>Severity: 2 Scope: 3</p> <p>449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/9/08, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 4 of 6 residents residing in the facility for longer than six months.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 2/1/08. There was no medication profile review in the record.</p> <p>Resident #2 was admitted to the facility on</p>	Y 870		

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Y 870	Continued From page 3  7/13/06. There were no medication profile reviews in the record.  Resident #5 was admitted to the facility on 4/1/04. The last medication profile review available in the record was dated 2/17/05.  Resident #6 was admitted to the facility on 11/18/00. The last medication profile review available in the record was dated 4/29/06.  Severity: 1 Scope: 3	Y 870			
Y 876 SS=A	449.2742(4) NRS 449.037  NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  This Regulation is not met as evidenced by: Based on record review on 9/9/08, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 1 of 6 residents.  Findings include:  Resident #3 - The resident's file did not contain a signed ultimate user agreement authorizing the facility to administer medications to the resident.	Y 876			

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Y 876	Continued From page 4  Severity: 1 Scope: 1	Y 876		
Y 936 SS=E	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by:</p> <p>NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120)</p> <p>1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks;</p>	Y 936		

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Y 936	Continued From page 5  (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.	Y 936			

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Y 936	Continued From page 6  3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.  Based on record review on 9/9/08, the facility did not ensure that 2 of 6 residents had the required tuberculosis (TB) testing and documentation.  Findings include:  Resident #1 - Date of admission 2/1/08. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 2/1/08. The file did not contain evidence the resident completed the second step  This is a repeat deficiency from the annual survey dated 6/12/07.  Severity: 2 Scope: 2	Y 936			
YA101 SS=F	449.200(1)(a-f)Personnel Files  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to	YA101			

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YA101	Continued From page 7  chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on review of employee records on 9/9/08, it was determined the facility failed to provide a complete file with the mandatory requirements for 1 of 2 employees.  Findings include:  Employee #2 was hired in January of 2005. The employee file did not contain a current cardiopulmonary resuscitation (CPR)/first aid card. There was no evidence of a physician's examination or any tuberculosis skin testing. There was no evidence of any caregiver training for 2007.  Severity: 2 Scope: 3	YA101		
YA645 SS=C	449.2704(1-5) Rate Agreement  NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The services included in the basic rate;	YA645		

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YA645	Continued From page 8  4. The charges for optional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used.  This Regulation is not met as evidenced by: Based on record review on 9/9/08, the facility did not ensure that a rate agreement was provided for 3 of 6 residents signed by the Administrator and the resident or a representative for the resident.  Findings include:  Resident #2's file did not contain a copy of a rate agreement signed by the Administrator and the resident or a representative for the resident.  Resident #3's file did not contain a copy of a rate agreement signed by the Administrator and the resident or a representative for the resident.  Resident #4's file did not contain a copy of a rate agreement signed by the Administrator and the resident or a representative for the resident.  This is a repeat deficiency from the annual State Licensure survey completed 6/12/07.  Severity: 1 Scope: 3	YA645		
YA930 SS=F	449.2749(1)(a-j) Resident File  NAC 449.2749 1. A separate file must be maintained for each	YA930		

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YA930	Continued From page 9  resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental	YA930			

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YA930	<p>Continued From page 10</p> <p>or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on staff interview and record review on 9/9/08, the facility did not ensure that 4 of 7 resident's files were maintained containing the required documentation.</p> <p>Findings include:</p> <p>Resident #1 - Date of admission was 2/1/08. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 2/1/08. The file did not contain evidence the resident completed the second step.</p> <p>Resident #2 - Date of admission was 7/13/06. The resident's file did not contain an ADL assessment upon admission to the facility.</p> <p>Resident #3 - Date of admission was 8/7/08. The resident's file did not contain an ADL assessment upon admission to the facility.</p> <p>Resident #6 - Date of admission was 11/18/00. The resident's file did not contain an ADL</p>	YA930			

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YA930	<p>Continued From page 11</p> <p>assessment upon admission to the facility.</p> <p>Resident #7 - When requested to provide the record of the most recently discharged resident, Employee #1 reported that it was not available in the facility. He reported that he remembered that the resident was discharged on 8/5/08 and the name of the facility that the resident was transferred to, but he could not remember any other information.</p> <p>This is a repeat deficiency from the annual State Licensure survey completed 6/12/07.</p> <p>Severity: 2 Scope: 3</p>	YA930			

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